

**BOARD OF REGISTERED NURSING**

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**THE RN AS FIRST ASSISTANT TO THE SURGEON**

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The role of RN first assistant to the surgeon requires the performance of a combination of nursing and medical functions. The RN first assistant directly assists the surgeon by controlling bleeding, providing wound exposure, suturing and other surgical tasks. The RN first assistant may provide other advanced assistance, such as mobilization of tissue, patient positioning and directing other surgical team members with specific individual tasks. The RN first assistant, practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practices under the supervision of the surgeon during the intraoperative phase of the perioperative experience. In order to perform those functions considered to be first assistant to the surgeon, the RN must adhere to standardized procedures. The RN first assistant does not concurrently function as a scrub nurse.

The RN first assistant is not the same as an individual designated to perform scrub functions. A "scrub technician" is any individual not licensed to practice professional nursing who passes the surgeon the surgical instruments, sponges, and other items needed during the surgical procedure. The Board has interpreted that a non-licensed individual may perform scrub functions only as an assigned technical function under the direct supervision of a perioperative registered nurse.

Criteria for education of the registered nurse in the role of surgical first assistant would include theory and clinical to provide demonstrated competency in:

- Performing individualized surgical care management before, during and after surgery.
- Surgical anatomy and physiology and surgical technique related to first assisting.
- Carrying out intraoperative behaviors including handling tissue, providing exposure, using surgical instruments, suturing and controlling blood loss.
- Application of principles of asepsis and infection control.
- Recognizing surgical hazards and initiation of appropriate corrective and preventative actions.

It is recommended that RNs qualifying as first assistants have documented proficiency in perioperative nursing practice in both a scrub and circulation roles. It is important to be aware that although the RN may perform the first assistant's surgical duties, the RN does not possess the same medical surgical knowledge, skill, and judgment that a surgeon does and provisions should be made to protect the consumers' health in the event the surgeon could not continue for any reason.

## **ESTABLISHMENT OF CLINICAL PRIVILEGES FOR THE RN FIRST ASSISTANT**

The process of granting clinical privileges should include the following mechanisms:

- assessing individuals qualifications for practice
- assessing initial and yearly proficiency performance
- assessing compliance with institutional and departmental policies
- defining lines of accountability
- quality improvement methods including peer review

## **STANDARDIZED PROCEDURES FOR MEDICAL FUNCTIONS**

The means designated to authorize performance of a medical function by a registered nurse is a standardized procedure developed through collaboration among registered nurses, physicians and administrators in the **organized health care system** in which it is to be used. Because of this interdisciplinary collaboration, there is accountability on several levels for the activities to be performed by the registered nurse. Section 2725 defines "organized health care systems" include, but are not limited to, licensed health facilities, clinics, home health agencies, physician' offices, and public or community health services.

## **GUIDELINES FOR DEVELOPING STANDARDIZED PROCEDURES**

Standardized procedures are not subject to prior approval by the boards that regulate nursing and medicine; however, they must be developed according to the following guidelines which were jointly promulgated by the Board of Registered Nursing and the Medical Board of California. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) Section 1474; Medical Board of California, Title 16 CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision there of.
- (b) Each standardized procedure shall:
  - 1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
  - 2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.
  - 3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.
  - 4) Specify any **experience, training and/or education** requirements for performance of standardized procedure functions.
  - 5) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
  - 6) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
  - 7) Specify the scope of supervision required for performance of standardized procedure functions, for example, telephone contact with the physician.

- 8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
- 9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
- 10) Specify patient **record-keeping** requirements.
- 11) Provide for a method of **periodic review** of the standardized procedures.

An additional safeguard for the consumer is provided by steps four and five of the guidelines which, together, form a **requirement that the nurse be currently capable** to perform the procedure. The registered nurse who undertakes a procedure without the competence to do so is grossly negligent and subject to discipline by the Board of Registered Nursing.

### **STANDARDIZED PROCEDURE EXAMPLES**

The attached examples are not required formats. The Board of Registered Nursing does not recommend or endorse the medical/surgical management of these example protocols.

## **RNFA STANDARDIZED PROCEDURE**

### **I. Standard**

The RN First Assistant renders direct patient care as part of the perioperative role by assisting the surgeon in the surgical treatment of the patient. The responsibility of functioning as first assistant must be based on documented knowledge and skills acquired after specialized preparation and formal instruction.

### **II. Policy**

- A. The safety and welfare of the patient should be given primary consideration in the selection of a first assistant in surgery. In the absence of a qualified physician, the registered nurse who possesses appropriate knowledge and technical skills is the best qualified non-physician to serve as the first assistant.
- B. The RNFA practices under the direct supervision of the surgeon during the surgical intervention.
- C. The RNFA must perform only as first assistant and not concurrently as scrub nurse.
- D. Only in extreme emergencies should an RNFA be expected to assist on procedures that present an unusual hazard to life.
- E. The RNFA must adhere to the policies of the institution and must remain within the scope of practice as stated by the Nursing Practice Act of the State of California.
- F. The RNFA may perform technical functions:
  - 1. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
  - 2. Provide retraction by:
    - a. Closely observing the operative field at all times.
    - b. Demonstrating stamina for sustained retraction.
    - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
    - d. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
    - e. Anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures.
  - 3. Provide hemostasis by:
    - a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
    - b. Sponging and utilizing pressure as necessary.
    - c. Utilizing suctioning techniques.
    - d. Applying clamps on superficial vessels and the tying off, electrocoagulation of them as directed by the surgeon.
    - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
    - f. Placing hemoclips on bleeders as directed by the surgeon.

4. Perform knot tying by:
  - a. Having knowledge of the basic techniques.
  - b. Tying knots firmly to avoid slipping.
  - c. Avoiding undue friction to prevent fraying of suture.
  - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
  - e. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
5. Provide closure of layers by:
  - a. Correctly approximating the layers under the direction of the surgeon.
  - b. Demonstrating a knowledge of different types of closure.
  - c. Correctly approximating skin edges when utilizing skin staples.
6. Assist the surgeon at the completion of the procedure by:
  - a. Affixing and stabilizing all drains.
  - b. Cleaning the wound and applying the dressing.
  - c. Assist with applying casts or plaster splints.

NOTE: The above specifications are general guidelines and do not reflect all duties in all specialty areas. Therefore, they should not preclude the performance of other duties which, in the judgment of the surgeon, can be successfully accomplished by the RN First Assistant. However, the RN First Assistant must know his/her limitations and may refuse to perform those functions for which he/she has not been prepared or which he/she does not feel capable of performing.

## STANDARDIZED PROCEDURE

<b>Procedure:</b>	Intraoperative Retracting
<b>Personnel:</b>	Registered Nurse First Assistants
<b>Purpose:</b>	To direct the RNFA in providing retraction of the surgical field
<b>Desired Outcome:</b>	Adequate surgical exposure without subsequent tissue/organ compromise.
<b>Supportive Data:</b>	Selection and placement of an appropriate retraction instrument will assist the surgeon by providing exposure and optimum visualization of the surgical site.
<b>Process:</b>	<p>The RNFA will assist the surgeon by providing intraoperative retraction using the following measures:</p> <ol style="list-style-type: none"><li>1. Retracting tissues or organs by the use of the hand.</li><li>2. Placing and holding surgical retractors.</li><li>3. Packing sponges or laparotomy pads into body cavities to hold tissues and organs out of the operative field.</li><li>4. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.</li></ol>

## STANDARDIZED PROCEDURE

- Procedure:** Intraoperative Wound Closure
- Personnel:** Registered Nurse First Assistants
- Purpose:** To direct the RNFA in providing proper suturing of tissue during a surgical procedure.
- Desired Outcome:** Tissue will heal as expected without complications from the suturing process.
- Supportive Data:** Proper suturing is vital to insure hemostasis, wound alignment, and tissue healing.
- Process:** The RNFA will suture tissue, using instruments and suture material as directed by the surgeon, by:
1. Correctly approximating tissue layers.
  2. Approximating tissue appropriately to avoid excess tension and tissue necrosis.
  3. Tying knots firmly to avoid slipping.
  4. Using staples, clips, or other devices to approximate tissue.

## STANDARDIZED PROCEDURE

- Procedure:** Intraoperative Hemostasis
- Personnel:** Registered Nurse First Assistants
- Purpose:** To direct the RNFA in providing Hemostasis of the surgical field.
- Desired Outcome:** Minimal blood loss during surgery.
- Supportive Data:** Providing a dry operative field promotes adequate visual assessment and access to the surgical site. Effective hemostasis is essential to carry out surgery in a time-efficient manner and to prevent excessive blood loss.
- Process:** The RNFA will assist the surgeon by providing intraoperative hemostasis using the following measures:
1. Aspiration of blood and other fluids from the operative site, as directed by the surgeon.
  2. Sponging the wound or other area of dissection, as directed by the surgeon.
  3. Using hemostasis or other surgical instruments to clamp bleeding tissue, as directed by the surgeon.
  4. Using sutures to tie off clamped blood vessels or other tissue, as directed by the surgeon.
  5. Using electrocautery or other surgical device to cauterize tissue, or surgical instruments clamped to tissue.
  6. Place hemoclip, or other ligating devices on vessels or tissue, as directed by the surgeon.

## STANDARDIZED PROCEDURE

- Procedure:** Intraoperative Tissue Manipulation
- Personnel:** Registered Nurse First Assistants
- Purpose:** To direct the RNFA in the manipulation of tissue and use of surgical instruments during a surgical procedure.
- Desired Outcome:** No tissue damage due to improper handling, or use of surgical instruments.
- Supportive Data:** Proper handling of tissue and selection and use of surgical instruments is essential to proper treatment of tissue and rapid healing of the surgical site.
- Process:** The RNFA will use surgical instruments and suture material to manipulate tissue, as directed by the surgeon, to:
1. Expose and retract tissue.
  2. Clamp and sever tissue.
  3. Grasp and fixate tissue with screws, staples, and other devices.
  4. Drill, ream, and modify tissue.
  5. Cauterize and approximate tissue.

**PROCEDURE FOR THE RNFA IN THE EVENT THE SURGEON BECOMES  
INCAPACITATED OR NEEDS TO LEAVE FOR  
AN EMERGENCY DURING SURGERY**

1. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the RNFA is to:
  - a. Maintain hemostasis, according to the approved standardized procedure.
  - b. Keep the surgical site moistened, as necessary, according to the type of surgery.
  - c. Maintain the integrity of the sterile field.
  - d. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
  - e. Remain at the field while a replacement surgeon is being located.
2. The RN circulator will initiate the procedure for obtaining a surgeon in an emergency.

<b>MEDICAL CENTER: NURSING Operating Room</b>		POLICY/PROCEDURE TITLE: Standard Procedure for Registered Nurse First Assistant	
DISTRIBUTE TO:		<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> CLINICAL
RELATED TO:		Effective Date:	Revision Date:
<input type="checkbox"/> Hospital Instruction (HU)	<input checked="" type="checkbox"/> Nursing Practice Stds.	Unit/Department of Origin:	
<input type="checkbox"/> JCAHO NC.1 - 1.2.1	<input type="checkbox"/> Patient Care Stds.	Approved by: Interdisciplinary Practice Committee	
<input type="checkbox"/> QA	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Title 22		File Name: ORNURSE.p&p	

I. PURPOSE:

This standardized procedure will provide guidelines for the registered nurse assisting the surgeon in the first assistant role.

II. POLICY STATEMENT:

The RNFA may function in the expanded role, provided in this standardized procedure, which is approved by the Interdisciplinary Practice Committee. This role requires the direct supervision of the sponsoring primary surgeon.

III. GENERAL GUIDELINES:

A. The RNFA will assist the surgeon by providing intraoperative retraction giving exposure and optimum visualization of the surgical site as directed by the surgeon.

1. Retracting tissue or organs by the use of the hand, closely observing the operative field at all times.
2. Placing or holding surgical retractors in the position set by the surgeon with regard to surrounding tissue.
3. Packing sponges into body cavities to hold tissue or organs out of the operative field.
4. Managing all instruments in the operative field to prevent obstruction of the surgeons views.

B. The RNFA will assist the surgeon by providing intraoperative hemostasis promoting adequate visual assessment and access to the surgical site as directed by the surgeon.

1. Aspiration of blood and other fluids from the operative site using suctioning techniques.

2. Sponging the wound and utilizing pressure as directed.
  3. Placing hemostats on other instruments to clamp tissue or bleeding vessels.
  4. Applying electrocautery tip to clamps or vessels as directed.
  5. Placing suture ligatures on vessels or tissue as directed.
  6. Perform knot tying firmly to avoid slipping.
- C. The RNFA will use surgical instruments to perform dissection or manipulate tissue as directed by the surgeon.
1. Dissects only those layers required to provide exposure to the operative area as directed.
  2. Dissect only the superficial tissue of lower extremity veins during cardiac or vascular surgery as directed.
  3. Grasps and fixates tissue with staples or screws.
  4. Drills and modifies bone tissue as directed.
- D. The RNFA will suture tissue and insure hemostasis or wound alignment as directed by surgeon.
1. Approximating tissue layers as directed to avoid excess tension or tissue necrosis.
  2. Uses suture, staples, skin clips or other devices to correctly approximate tissue.

**IV. REQUIREMENTS FOR RN PRIVILEGED IN THEIR EXPANDED ROLE:**

- A. Will meet all requirements of the hospital Non-physician/Non-Employee Policy.
- B. Certified in basic Cardiopulmonary life support.
- C. Nationally certified operating room nurse through the Association of Operating Room Nurses (AORN).
- D. Minimum of three (3) years of operating room experience in both the scrub and circulating roles.
- E. Proof of successful completion of a structured RNFA course and completion of 20 hours or 10 cases of proctoring by the sponsoring surgeon.
- F. Will receive approval from the surgical sub-specialty of the sponsoring physician.
- G. Will be evaluated by the hospital staff for compliance to OR policies and by the sponsoring surgeon annually.

V. DEVELOPMENT AND APPROVAL OF STANDARDIZED PROCEDURE:

- A. This policy will be developed and approved by authorized representatives of administration, medicine, and nursing.
- B. This standardized procedure will be reviewed and approved every three years.

- 1. Administration \_\_\_\_\_ Date \_\_\_\_\_
- 2. Medicine \_\_\_\_\_ Date \_\_\_\_\_
- 3. Nursing \_\_\_\_\_ Date \_\_\_\_\_

VI. RN'S AUTHORIZED TO PERFORM STANDARDIZED PROCEDURE:

- 1. \_\_\_\_\_ Date \_\_\_\_\_
- 2. \_\_\_\_\_ Date \_\_\_\_\_
- 3. \_\_\_\_\_ Date \_\_\_\_\_